



CITY OF DULUTH  
CITY CLERK'S OFFICE  
330 City Hall 1 411 West First Street  
Duluth, Minnesota 55802-1189  
Phone (218) 730-5500  
Fax (218) 730-5923

FOR OFFICE USE ONLY

DATE \_\_\_\_\_

LICENSE # \_\_\_\_\_

On Sale 4  
Off Sale 760130

## LICENSE APPLICATION

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

### LICENSE(S) (check applicable)

BREWERY MALT LIQUOR OFF SALE (GROWLER)  
BREWERY MALT LIQUOR ON SALE (TAPROOM)  
SUNDAY (Taproom only)  
2:00 A.M. (Taproom only)  
INVESTIGATION FEE (one time)

### FEE

\$ 250.00 ✓  
\$ 300.00 ✓  
\$ 178.00 ✓  
NC ✓  
\$ 31.00 ✓

TOTAL \$ 759.00

### LICENSEE NAME, ADDRESS & PHONE Individual/Partnership/Corporation

Blacklist Beer, LLC  
120 East Superior Street  
Duluth, MN 55802

### BUSINESS NAME, ADDRESS, & PHONE:

Blacklist Artisan Ales LLC  
120 East Superior Street  
Duluth, MN 55802

### MANAGER'S NAME/ADDR/PHONE NO.

Jon Loss, Owner  
120 East Superior Street  
Duluth, MN 55802  
218 831 2767

Home: 1014 South Lake Ave #2, Duluth, 55802

### OWNER OF BUSINESS PREMISES:

Force 1, LLC

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Plat/Parcel: \_\_\_\_\_

LICENSE PERIOD: Ending August 31, 20

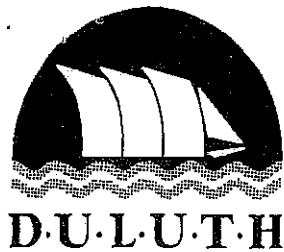
~~16~~ 2017

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

Signature of Applicant

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: Blacklist Beer LLC
2. Trade Name: Blacklist Artisan Ales LLC
3. Address of place to be licensed: 120 East Superior Street 55802
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) basement + first floor
5. Name and address of owner of building: Force 1, LLC, 207 Mesquah Road 55804  
Any connection with applicant? No Who receives the rent: Owner, Brian Forcier
6. Who will direct the operation of the business or serve as manager on the premises? List name, <sup>(name)</sup> address & title: Jon Loss, Owner, 1014 S. Lake Ave #2, Duluth, MN 55802
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details: TJ Estabrook 50%, Jon Loss 25%, Brian Schanzenbach 25%
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each: N/A
9. State approximate distance of this establishment from nearest academy, college, university, church or school: Downtown Duluth, 3 + 6 blocks
10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail: N/A

Failure to answer all questions truthfully on this application and attached "Exhibit A" which is made a part thereof, will be just cause for revocation of your license.

I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol Gambling & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: [Signature] Date: 6/29/16

Signature: [Signature] Date: 6/29/16

Signature: [Signature] Date: 6/29/16